

2008/2009 DWI – Client Information Transfer Sheet



State of North Carolina

Department of Mental Health, Developmental Disabilities, and Substance Abuse Services

Facility Code: _____		County: _____	
Provider Name: _____			
Address: _____			
City: _____		State: _____	Zip: _____
Client Name: _____		Record #: _____	
Information Transferred To _____		Information Requested From _____	
<i>(please check)</i>		Facility Name: _____	
Information to be Transferred/Requested includes:			
____ Copy of <u>Signed</u> Assessment (Printout from e508 System - DWI Certificate of Completion)			
____ Complete Motor Vehicle Record (MVR) from N.C. and Other Applicable States.			
____ Verification of Alcohol Concentration from Clerk of Court or original citation.			
____ DSM-IV Diagnosis and Other Assessment Information			
Requested/Sent By: _____		Date Requested/Sent: _____	
____ Copy of <u>Signed</u> Assessment (Printout from e508 System - DWI Certificate of Completion)			
____ Complete Motor Vehicle Record (MVR) from N.C. and Other Applicable States.			
____ Verification of Alcohol Concentration from Clerk of Court or original citation.			
____ DSM-IV Diagnosis and Other Assessment Information			
Requested/Sent By: _____		Date Requested/ Sent: _____	
COMMENTS: 			
NOTE: Release of Information Signed by the Client MUST Accompany This Request.			

Please place a copy of completed form in client file for verification purposes.